

8871

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization

Responsibility and Integrity Now RAIN Fund

Employer identification number

26 - 3111594

2 Mailing address (P.O. box or number, street, and room or suite number)

PO Box 6014

City or town, state, and ZIP code

Des Moines, IA 50309

3 Check applicable box:

☒ Initial notice

☐ Amended notice

☐ Final notice

4a Date established

08/05/2008

4b Date of material change

5 E-mail address of organization

no@email

6a Name of custodian of records

Glenn Norris

6b Custodian's address

6205 Oakwood Hills Dr.
Johnston, IA 50131

7a Name of contact person

Glenn Norris

7b Contact person's address

6205 Oakwood Hills Drive
Johnston, IA 50131

8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

PO Box 6014

City or town, state, and ZIP code

Des Moines, IA 50309

9a Election authority

NONE

9b Election authority identification number

Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)

10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes ☐ No ☒

10b If 'Yes,' list the state where the organization files reports:

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes ☐ No ☒

Part III Purpose

12 Describe the purpose of the organization

A non-partisan fund organized to increase voter education and awareness about responsible governance.

Part IV List of All Related Entities (see instructions)

13 Check if the organization has no related entities.....✓

14a Name of related entity	14b Relationship	14c Address
----------------------------	------------------	-------------

Part V List of All Officers, Directors, and Highly Compensated Employees (see instructions)

15a Name	15b Title	15c Address
----------	-----------	-------------

Glenn Norris	Officer	6205 Oakwood Hills Drive Johnston, IA 50131
--------------	---------	--

Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

Glenn Norris

08/05/2008

**Sign
Here**

Name of authorized official

Date